

Applicant's Signature

APPLICATION TO AMEND REAL ESTATE LICENSE: REINSTATE EXPIRED LICENSE

RETURN TO: Division of Real Estate 1560 Broadway, Suite 925 Denver, CO 80202 Phone: 303-894-2166

RENEWAL FEES:

For licenses expired 32 days to 1 year \$207.00 For licenses expired more than 1 year but less than 3 years \$276.00 An additional \$50 is required if requesting active status

Make check payable to C.R.E.C. or Colorado Real Estate Commission (Fees are non-refundable)

SECTION 1: AFFIDAVIT OF ELIGIBILITY

Colorado law requires that only persons lawfully present in the United States be issued a license, certificate, registration or permit. Complete documentation

must be provided aport request. (Applicants must complete all 5 parts)	
A: LAWFUL PRESENCE IN THE UNITED STATES , swear or affirm under penalty of pe	rjury
print applicant's full name the laws of the State of Colorado that (<i>Check Items 1, 2 or 3</i>) ☐ I am a US citizen. ☐ I am not a US citizen but am lawfully present in the US as evidenced the statement marked below:	•
I am a nonimmigrant under the Immigration and Nationality Act, Federal Public Law 892-414, as a I am an alien who is paroled into the US under 8 USC sec 1182(d)(5).	
B: SECURE AND VERIFIABLE DOCUMENT e review the following list of acceptable secure and verifiable documents and check the applicable box.	
te-issued permanent or temporary Driver's License, Driver's Permit or Identification Card expired less than 1 y id foreign passport with Form I-94 or valid Processed Form 1551 stamps id Form I-94 (L1 or R1 status) issued by the Canadian government and valid Canadian Driver's License or entification Card	ear
id 1551 Resident Alien/Permanent Resident Card. id 1688 Temporary Resident Card, 1688B and 1766 Employment Authorization Card. id US Military ID (active duty, dependent, retired, reserve and National Guard) oal Identification Card with intact photo issued by US or Canada. tificate of Naturalization with intact photo.	
e complete the following 3 questions about the document checked above:	
er the name of the state or federal agency that issued this document	
er the document number	
er the document expiration date	
C: ATTESTATION understand that this sworn statement is required by law because I have applied for a professional or commercine cense regulated by 8 USC sec 1621. I understand that state law requires me to provide proof that I am lawfully the US when asked and to submit a secure and verifiable document. I understand that I may also be required revide proof of lawful presence. understand that in accordance with sections §18-8-503 and §18-8-501(2)(a)(I), C.R.S., false statements made repunishable by law. I state under penalty of perjury in the second degree, as defined in §18-8-503, C.R.S., the cover statements are true and correct. I am the person identified above. The information contained herein is true and correct to the best of my knowled inderstand that under Colorado law, providing false information is grounds for denial, suspension or revocation cense, certificate, registration or permit. Understand that the above information must be disclosed to the Department of Regulatory Agencies upon required requirements.	present to herein at the ge. I of a
t tidioridicionatt e e e una rouge and un	A: LAWFUL PRESENCE IN THE UNITED STATES print applicant's full name

Forms, applications and information about any licensee's status are available on the Division of Real Estate's internet home page: www.dora.state.co.us/real-estate

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SECTION 2: LICENSEE INFORMATION

Subject to verification of compliance with errors and omissions (E&O) insurance requirements, this application will become effective within approximately five to 15 days of receipt of the properly completed form and fee by the Colorado Division of Real Estate.

TO BE COMPLETED BY APPLYING LICENSEE

Real Estate License No.	Name of Applicant				
Date of Birth		(First) Lice	(Middle) nse Expiration Date	(Former/N/	Maiden) /
Residence Address Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here □ if that is your only option to receive mail.) Residence Phone () (P.O. Box Number) (City) Residence Phone () E-mail address Firm Name Firm Address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (Zip Code) E-enail address (Rit In Enail Address E-enail address E-enail address (Rit In Enail Address E-enail address (Rit In Enail Address E-enail address E-e	(If Associate Broker is checked, applicant's	Employing Broker must c	omplete the section below	the dotted line.)	roker
Residence Address Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here □ if that is your only option to receive mail.) Residence Phone () (P.O. Box Number) (City) Residence Phone () E-mail address Firm Name Firm Address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (City) State) (Zip Code) E-enail address (Number & Street) (Zip Code) E-enail address (Rit In Enail Address E-enail address E-enail address (Rit In Enail Address E-enail address (Rit In Enail Address E-enail address E-e	Date of Birth/ Place of	of Birth		(04-4-)	
Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here ☐ if that is your only option to receive mail.] (P.O. Box Number) (City) Business Phone () Cell Phone ()	Social Security No/(Requi	(City) ired by 24-34-107 C.R.	S. if not previously sub	mitted.)	
Mailing Address (P.O. Box number is not acceptable in place of a physical street address, but please check here ☐ if that is your only option to receive mail.] (P.O. Box Number) (City) Business Phone () Cell Phone ()	Residence Address(Number % Street)		(Cit.)	(Ctoto)	(Zin Codo)
Residence Phone ()	Mailing Address (P.O. Box number is not acceptable in p	place of a physical stre	et address, but please o	check here 🗇 ii	that is your only
Firm Name	Residence Phone (P.O. Box Number)	(City) Business F	Phone ()	(State)	(Zip Code)
Every active licensee must maintain E&O insurance pursuant to 12-61-103.6 C.R.S. and Rule D-14. Licensees can meet this requirement by enrolling in the Real Estate Commission's group coverage plan or by obtaining independent coverage. If the Commission cannot verify E&O coverage, this application will be cancelled Please check the appropriate box below. I am insured with Rice Insurance Services Company, L.L.C., the Commission's group carrier. Please provide proof of E&O coverage with this form. ((Enrollment forms for group coverage are available from PSI (1-800-733-9267), Rice Insurance (1-800-637-7319) and on the Division's website, www.dora.state.cou.su/real-estate). I am insured with Rice Insurance Services Company, L.L.C., the Commission's group carrier. Please provide proof of E&O coverage with this form. ((Enrollment forms for group coverage are available from PSI (1-800-733-9267), Rice Insurance (1-800-637-7319) and on the Division and is still in effect). Please issue my license as indicated. I declare under penalty of perjury that unless exempt pursuant to 12-61-110.4 (2-R.S., I have compiled with the continuing education requirements of §12-61-110.5(1)(c) and have compiled with the E&O insurance requirements of §12-61-103.6 C.R.S. and Rule D-14. Applicant's Signature	Cell Phone ()	E-mail address			
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SECTION 3: LICENSE ACTIVATION (addt'I \$50 fee required) (If left blank, license will be reinstated on inactive status) Please complete this section to indicate employment information for active status. If applying for activation as an associate broker, your employing broker MUST sign on the "Employing Broker's Signature" line. Employing Broker Name (Please Print) (Last) (First) (Middle) Firm Name (Rentity ID #) Firm Address (Number & Street) (City) State) (Zip Code) Business Phone () Real Estate License No. Social Security No. I am currently an active, licensed employing real estate broker by whom the applicant is to be employed. I have verified that the above-named applicant has current E&O insurance. (NOTE: A policy of E&O insurance coverage is required for the employing broker as well as a separate policy for the company if the company is a corporation, partnership or L.L.C.) I certify that, pursuant to Rules E-29, E-30, E-31 and E-32, I have informed this applicant of the written office policy and will properly supervise this employee during the period of employment with me.	Please issue my license as indicated. I declare under penalty of pecontinuing education requirements of §12-61-110.5(1)(c) and have	erjury that unless exempt p	oursuant to 12-61-110(4) C		
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Firm Address	Employing Broker Name (Please Print)(Last)		(First)	(Midd	lle)
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	Employing Broker's Signature			Date /	

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